

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN

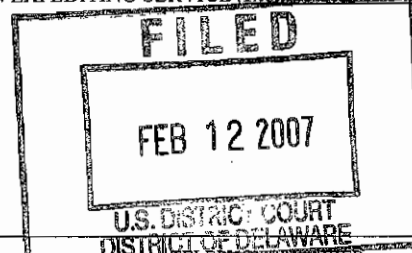
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF <u>Emanuel H. Jones # 557338</u>	COURT CASE NUMBER <u>1:06-cv-674 (SLR)</u>
DEFENDANT <u>NEW CASTLE COUNTY Police Department</u>	TYPE OF PROCESS <u>Lawsuit complaint</u>
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>NEW CASTLE COUNTY Police Department</u>	
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>3601 North Dupont Highway, New Castle, DE 19720</u>	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW <u>Emanuel H. Jones # 557338</u> <u>Howard R. Young Correctional Institution</u> <u>1301 East 12<sup>th</sup> Street • P.O. Box 9561</u> <u>Wilmington, DE 19809</u>	
Number of process to be served with this Form 285 <u>1</u>	Number of parties to be served in this case <u>3</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold



Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

Emanuel H. Jones

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <u>Bif</u>	Date <u>2-2-07</u>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Susan Diaz, Legal Asst.

Address (complete only different than shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Date 2/9/07 Time 12:00 ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

PRIOR EDITIONS MAY BE USED